

Instructions

- There are fifteen (15) Yes or No questions. You must answer each question.
- If you need to attach supplemental documents you can do so at the end of the form.
- If you cannot agree to all of the statements in the Certification, please explain why in the text box titled "*Additional Information.*"
- Once a report is submitted, it can only be changed by filing an amendment.
- Failure to timely submit a full, accurate and complete form to BEGA or your agency head may result in fines of \$10.00 per day for up to thirty (30) days and up to \$5,000 in other penalties and fines. Any late-filer fines levied against a current District employee are deducted directly from the bi-weekly District government paycheck.

GENERAL INFORMATION

Current Paid or Unpaid Position with the District of Columbia

Position/Title: COUNCILMEMBER Grade: _____

Name of Agency/Board/Commission: Council of the District of Columbia

Agency Address: 1350 Pennsylvania Avenue, N.W. Washington, DC 20004

Agency Telephone: 202-724-8058

District E-mail Address: _____

Start Date (in this position): 05/13/1991

Former Paid or Unpaid Position with the District of Columbia (if applicable)

(If you held a paid or unpaid position with the District for more than thirty days during the previous calendar year that is different from the position you listed above UNDER "Current Paid or Unpaid Position with the District of Columbia" above, or you no longer work for the District, please list the details below:

Position: _____ Grade: _____

Name of Agency: _____

Dates During Which You Held the Position: _____

NON-DISTRICT EMPLOYMENT/BUSINESS

1. Did you have any non-District employment or engage in any outside business or other activity during the previous calendar year for which you received compensation of \$200 or more?

Note: Answer "yes" if you engaged in any occupation, trade, business, profession, or employment during the reporting year in which you were paid \$200 or more. Do not include your District employment.

- Yes
 No

If you answered "Yes," please list the employment or business below:

Position/Title: Principal

Name of Employer: NSE

Description of Work: Consulting

Start Date 07/29/2016 **End Date (if applicable)** _____

Income Received from Outside Business:

(Place a check mark in the box next to the applicable range. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format.)

- None (or less than \$1,001)
- \$1,001 - \$15,000
- \$15,001 - \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$250,000
- \$250,001 - \$500,000
- \$500,001 - \$1,000,000
- Over \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- Over \$50,000,000

Clients

If you answered "yes," because you were paid by a client (as opposed to an employer) please identify which, if any, client had or has a contract with the District or who stands to gain a direct financial benefit from legislation that was pending before the Council in the previous calendar year:

- Not raised or received funds in violation of federal or District law; and
- Not received or been given anything of value, including a gift, favor, service, loan gratuity, discount, hospitality, political contribution, or promise of future employment, based on any understanding that my official actions or judgment or vote would be influenced.

Additional Information or if you are unable to certify each of the above, please provide an explanation (*i.e.*, I have been granted an extension to file my income taxes):

YOU MUST SIGN THIS FORM. Read the following carefully before you sign. I understand that the making of a false statement on this form or materials submitted with this form is punishable by civil penalties pursuant to 3 DCMR § 5704.5, D.C. Official Code §§ 1-1162.24 and 1-1162.25, and criminal penalties pursuant to D.C. Official Code 22-2405 et seq. (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, and complete.

 Signature JAY EVANS 5/3/18
Printed Name of Filer Date